

FINANCIAL INFORMATION AND INSURANCE

MGH Transplant Center patients have access to a person who can answer questions about medical insurance coverage and transplant-related charges. This is the Transplant Financial Coordinator. Good financial preparation will allow you to focus on what is most important -- your health.

The Transplant Financial Coordinator will review your insurance coverage and work with your insurance company to authorize treatment. Patients and families must understand financial costs and medical insurance coverage in each phase of the transplant process. You should also be aware of the benefits and limitations of your insurance policy. Below are some common questions and answers that may help you.

Q: What types of coverage do I need as a transplant patient?

A: You will need medical insurance that covers inpatient care, outpatient visits, physician fees, and prescriptions. Please call the telephone number on the back of your insurance card to speak with an insurance customer service representative. They can explain your insurance benefits.

Q: How much will the out of pocket costs for my transplant health care be?

A: Generally called premiums, co-pays, or deductibles, the amount of money you may have to contribute to your care depends on the terms of your insurance policy. For example, some plans may have higher monthly premiums, but lower co-pay amounts for doctor visits. When you call your insurance company to ask about coverage, make sure you ask for your deductible and co-pay amounts. Here are some common insurance terms:

<i>Premiums</i>	The monthly cost the patient pays to stay enrolled in the health insurance plan. If you have health insurance through your employer, usually your employer will pay a part of your premium cost.
<i>Deductibles/ Maximum Out of Pocket Costs</i>	A specific dollar amount set by an insurance company that a patient must pay before the insurance company pays any medical claims.
<i>Co-Pays</i>	The out-of-pocket amount a patient pays when coming to the hospital or a doctor's office. Sometimes a patient pays this amount up front, other times the doctor or hospital will send a bill.
<i>Lifetime Maximums / Caps</i>	Some insurance policies have a lifetime benefit maximum. After you have received care costing the maximum amount of your policy, the insurance company is no longer obligated to pay for your care. The amount will vary depending on your policy. Some

policies have an unlimited lifetime maximum.
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Q: What if I do not have enough health insurance coverage or cannot afford my out of pocket costs?

A: You will need a secondary insurance. We recommend that patients obtain a secondary insurance, especially if their primary insurance has a lifetime maximum. State Medicaid Programs are often a source of secondary coverage.

If you are a resident of Massachusetts AND you are:	Under 300% of the Federal Poverty Level (\$36,180 for an individual in 2017)	You may be eligible for MassHealth, MassHealth Careplus, or ConnectorCare – subsidized health insurance options.		CONTACT: Call Ellen Babine, Transplant Financial Coordinator 617-724-0009 ebabine@partners.org MassHealth Customer Service: 800-841-2900 MA Health Connector: 800-623-6765 www.mahealthconnector.org
	Over 300% of the Federal Poverty Level (\$36,180 for an individual in 2012)	And need insurance, or supplemental insurance	You may be eligible for Commonwealth Choice through the MA Health Connector	

Medicaid is available in all states, but program eligibility requirements vary. Below are some resources in neighboring states. If we did not list your state, or if you have any other questions, please contact us for more information.

Connecticut	800-842-1508	http://www.ctmedicalprogram.com/
New Hampshire	800-852-3345 x 4344	http://www.dhhs.state.nh.us
Rhode Island	877-267-2323	http://www.dhs.state.ri.us/
Vermont	800-250-8427	http://ovha.vermont.gov/

Q: I have Medicare. Am I covered for everything?

A: Not completely. However, there are many options to complete your coverage.

Medicare is split into different parts: A, B, C and D.

- **PART A** covers hospital inpatient admissions. There is a deductible, but after the patient meets it, Medicare A covers bills for your first 60 days at 100%. For more information: www.medicare.gov, Medicare, Basics, Part A.
- **PART B** covers outpatient and physician services. There is a monthly premium for Part B and it covers bills at only 80%.
- **PART C** is a Medicare replacement plan. Not everyone is eligible for Part C, and enrollment is optional. If you are enrolled in Part C, a private plan (for example, Tufts Health Plan or Harvard Pilgrim) manages your health care, but your benefits are similar to regular Medicare A and B. Extra premiums may apply.
- **PART D** covers prescription drugs. You must choose and enroll in this plan separately. Plan premiums and co-pays vary. For more information: www.medicare.gov, Medicare Basics, Part D.

There are usually remaining costs that the patient is responsible for paying. Medigap Plans help pay for these remaining costs. These plans vary depending on your area and there are different levels of ‘Medigap’ coverage. Patients enroll in these plans separately. If you have a secondary insurance such as a Medigap Plan, hospitals, doctors and pharmacies will bill this plan before billing you, leaving you with fewer out of pocket costs. Please check with your contacts at MGH if you have any questions.

Q: Are there any other resources that can help?

A: Some transplant patients find fundraising helpful. There are many fundraising organizations in the United States and around the world. Here are some other resources patients have found helpful:

Name	Transplant Type	Phone Number	Website	Summary
National Foundation for Transplant	Solid Organ and BMT / Stem Cell	800-489-3863	www.transplants.org	Helps cover transplant related costs that aren't covered by insurance. Assists families in raising funds to assist with transplant costs.
Leukemia & Lymphoma Society	BMT / Stem Cell	914-949-5213	www.leukemia-lymphoma.org	Can reimburse up to \$500 per year for transplant related costs
Children's Organ	Pediatric Solid	800-366-2682	www.cota.org	Assists families in the raising of

Transplant Association	Organ, Tissue and Bone Marrow			funds to assist with transplant costs.
Help Hope Live	Solid Organ and BMT / Stem Cell Transplants	800-642-8399	www.helphopelive.org	Helps cover transplant related costs that aren't covered by insurance Assists families in raising funds to assist with transplant costs

Q: Whom should I contact if anything in my insurance changes?

A: If anything about your insurance changes, including: loss of coverage, change in insurance company or change of policy, please contact:

Massachusetts General Hospital Patient Service Center
Toll Free: 1-866-211-6588

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Q: What about my prescriptions?

A: There are many important points about your transplant medications.

- You must take them every day for the rest of the life of your organ.
- Be sure to refill your medications 5 days before you run out of your old supply. Some pharmacies do not always have specialty drugs like immunosuppressives in stock all the time – so calling ahead to be sure will help.
- Call your transplant team if you receive a new medication from what you are used to receive from your pharmacy. *Some medications, such as tacrolimus and cyclosporine, come in multiple different forms – so keep track of the size and color, labeling)*
- Mail order companies could save you money. Be sure your transplant doctor has settled on medications and doses before you order a 90-day supply.
- If you have no insurance, your medications can cost between \$20,000 and \$25,000 per year. This is a great deal of money, so be sure that you can get prescription drug coverage.